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CONFIRMATION NO. 2563

<b>SERIAL NUMBER</b> 10/708,564	<b>FILING OR 371(c) DATE</b> 03/11/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> 144726	
<b>APPLICANTS</b> Darin R. Okerlund, Muskego, WI; Jasbir S. Sra, Pewaukee, WI; Laurent Launay, Saint Remy les chevreuse, FRANCE; Melissa Vass, Milwaukee, WI;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/484,012 07/01/2003					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/19/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>[Signature]</u> <u>[Initials]</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 23413					
<b>TITLE</b> CARDIAC IMAGING SYSTEM AND METHOD FOR PLANNING MINIMALLY INVASIVE DIRECT CORONARY ARTERY BYPASS SURGERY					
<b>FILING FEE RECEIVED</b> 982	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		